

CONCERN FORM

Purpose:

The purpose of the Concern Form process is for faculty to identify students who may need remediation or intervention to successfully complete the professional requirements for their program of study. This form is only to be used after the faculty member has met with the student, documented the concern, informed the advisor and given the student an opportunity to improve. If the person initiating the form assumes the roles of Program Chair and advisor to the student, a different Program Chair will be asked to join the meeting.

Process Steps:

- A. Faculty completes a concern form and gives it to the Program Chair.
- B. Action plan may be devised.
- C. If a warranted action plan is not completed to the satisfaction of all parties, the student may be dismissed from his/her program of study.
- D. If the Concern Form is a result of academic dishonesty, the faculty member has the additional option of submitting a Report of Academic Dishonesty to the appropriate office. In addition to being part of the student's departmental advising folder, this report will be made part of the student's disciplinary record and shall remain on file in accordance with Board of Regents record

to enroll in any further field experiences or clinical experiences or professional classes until the student complies with all components of the action plan.

The student may appeal any aspect of the Concern Form process to the Dean of the School of Education.

CONCERN FORM

Student Name: _____ ID No. _____

Major: _____ Advisor: _____

Name of faculty member initiating the Concern Report: _____

Complete the following:

- 1 State the concern:
- 2 Give

ACTION PLAN

Student Name: _____ ID No. _____ Major: _____

Advisor: _____ Faculty member: _____ Dept: _____

Program Chair: _____ Required
Completion Date: _____

Action Plan:

I understand that failure to comply with this action plan may result in my not completing my program of study.

Student: _____ Date: _____

This action plan has been completed to the satisfaction of all parties.

Program & K D Signature: _____ Date: _____

Distribute copies of this form and the Action Plan (if applicable) to the Dean, Deans Administrative Assistant, Program Chair, Field Coordinator, Faculty Member, Advisor, Student, and the Student Advising Folder.

Revised 9-4-12